Objectives:
1. Identify a component of a comprehensive treatment options program utilized to engage patients in treatment choice.
2. List three techniques CKD patient educators may incorporate in education sessions to enhance learner retention of provided information.
3. Describe two published outcomes from CKD patient attendance of a treatment options education program.

Agenda
- History
- Current state of options utilization
- Outcomes of CKD education
- Methods to provide
- Topics to include
- Who should provide education
- Techniques to make education effective
- Resources to help you provide CKD education

Question 1
What was the first home therapy?
1) Peritoneal dialysis
2) Hemodialysis

Answer
2) Hemodialysis
History

- Options education has existed since 1970’s
  - Started every patient as home hemodialysis (HHD)
  - Transplant education on admission
  - In-center discussion if HHD training not progressing
- Addition of home peritoneal dialysis option
  - Start of a few more organized treatment option programs
  - Scheduled classes
  - Presentation
  - Take home reference
  - Multiple professionals presenting information
  - Patient representatives

History continued

- Less organized
  - Patient sent from nephrologist office for treatment options
  - Often social workers or home nurses to provide education-availability
  - Lack of systematic process
  - Often near or at initiation
- In more recent years
  - Online content
  - Professional
  - Peer
  - Webinar
  - Since 2008 Conditions for Coverage mandated informing patients of all treatment options

Current state of option utilization

- 80% of End Stage Renal Disease patients are capable of using a home therapy (Van den, Warren, & Rutherford, 2015).
- A survey of U.S. nephrologist found 6% would choose in-center HD if they had to wait 5 years for a transplant, yet 89.1% of patients on dialysis are on in-center HD (Schell, 2015)
- 57% of incident dialysis patients had never seen a nephrologist (United States Renal Data System website, 2014)

CKD Education Programs

Published outcomes

Patients who receive a thorough unbiased CKD education are:
- Less likely to initiate hemodialysis with a catheter access (Lacson Jr et al., 2011).
- More likely to start a home therapy (Lacson Jr et al., 2011).
- Less anxious, improved mood, better mobility (Davis & Zuber, 2013).
- Decreased morbidity (Van den, Warren, & Rutherford, 2015)
- More likely to survive during the first 90 days of treatment (Lacson Jr et al., 2011)

Important to note, these articles are for structured, pre-dialysis CKD education.

Question 2

Which therapy has a higher percent of hospitalization due to infection?
1) Hemodialysis
2) Peritoneal Dialysis

Answer

1) Hemodialysis, hospitalization due to infection, HD patients 37.0%, peritonitis in PD patients 19.1% (Tzanakaki et al., 2014)
Methods to provide effective CKD education:
- Lifestyle considerations (Schatell, 2015)
- Multiple sessions appropriate to stage (Van den, Warren, & Rutherford, 2015)
- Mix of group setting and private sessions (Van den, Warren, & Rutherford, 2015)
- Utilize adult learning theory (Van den, Warren, & Rutherford, 2015)
- Multiple sessions (Van den, Warren, & Rutherford, 2015)
- Include significant others (Davis & Zuber, 2013)
- Standardize content (Davis & Zuber, 2013)
- Multidisciplinary (Van den, Warren, & Rutherford, 2015)
- Use of a decision aid (Schatell, 2015)
- Multiple senses (Prakash et al., 2015)
- Patient representatives (Prakash et al., 2015)
- Validation tool (Davis & Zuber, 2013)

TOPICS:

Stages 1-3
- Healthy Kidney Functions
- CKD and CKD Stages
- CKD Stage 1-4 Management
  - Medications
  - Diet
  - Healthy lifestyle
  - Risk factor management
  - Communication and follow-up with physician or extender.
  - Coping with CKD
  - Paying for Treatment

Stage 4 & 5
- All Stage 5 Treatment Options
  - Peritoneal Dialysis
  - Transplant
  - Palliative/Conservative/Comfort Care/Medical Management (Tonkin-Crine et al., 2015)
  - Hemodialysis
- Include
  - Description and how it works
  - Schedule and time commitment
  - Typical diet and medication use
  - Lifestyle considerations
  - Patient responsibilities
  - Access

Question 3
20 minutes after education, how much information is typically retained?
1) 25%
2) 50%
3) 75%
4) Almost all

Answer
2) 50%, follow-up at 2-3 weeks helps retention.

Who should provide education?
- Medicare reimbursed requirements
- Knowledgeable of all options
- Competent in adult learning theory
- Comfortable with group presentation
- Comfortable handling group dynamics
- Competent in stages of grief
- Able to put aside personal opinion of options
- Attention to state specific nurse practice act

CKD Education Reimbursement
Out of scope for this speaker presented for content guidance, not billing
- Provided by MD, PA, NP, and CNP
- TOPICS
  - Management of health conditions
  - Kidney function
  - Diet
  - Medications
  - Stage 5 treatments and access
- Patients can ask
  - How you'll feel
  - How to maintain your kidney function
  - What your test results mean
  - Your family and social life
  - Work and finances
  - Your mental health
  - Your right to choose not to get a kidney transplant or dialysis
TREATMENT OPTIONS EDUCATION

Locations:

- Dialysis facility conference room
- Dialysis facility home training room
- Nephrologist office
- Neutral public location
- Patient home (Massey et al., 2015)

Engagement

- Meaningful – connect with previous knowledge or experience, patient representatives
- Competence – verify understanding along the way, appropriate level of material
- Autonomy – reinforce or confirm with use of empowering language, example: choice, trust, discover, achieve, best, flourishing, capable, happy, positive, reliable
- Collaborative learning – when learners work together engagement may be amplified
- Positive relationship with educator – care about needs, positive, enthusiastic, avoid deception “everything is going to be just fine”

Question 4

What percent of information do patients forget when told in an exam room?
1) 20%
2) 40%
3) 60%
4) 80%

Answer

4) In an examination room patients forget 80% of what they are told, of what they do remember half is correct

Techniques to increase retention of information:

- Group discussion (Masters, 2013, p. e1590)
- Repetition, key points 3-6 times (Magazine, Utilizing Adult Learning as the Foundation for Clinical Education, March 14, 2016)
- Appropriate materials (National Institutes of Health website, 2016)
- Highest in first 15 minutes of education (Magazine, Utilizing Adult Learning as the Foundation for Clinical Education, March 14, 2016)
- Follow-up at 2-3 weeks (Magazine, Utilizing Adult Learning as the Foundation for Clinical Education, March 14, 2016)
- Adult learning theory (Van den, Warren, & Rutherford, 2015)

Patients Remember More!

(Masters, 2013, p. e1590)
Question 5
When was the first kidney transplant?
1) 1947
2) 1952
3) 1959
4) 1965

Answer
2) 1952, right here in Boston at Brigham Hospital

Development of a CKD Education Program
- Pre-dialysis start/Post start/Both?
- Curriculum
  - Staff
  - Patient/attendee
- Schedule
  - Geography
  - Frequency
  - Time of day
  - Location’s Distribution
- Evaluation from attendees
- Follow-up
  - Frequency
  - Method
- Authorization form
- Marketing
  - MD
  - Patients
  - Advertising
- Enrollment
  - Call
  - Fax
- Equipment
  - Projector
  - Laptop
  - DVD Player
  - White board
- Determine data tracking

Resources – no need to reinvent the wheel
Reference, online content plus:
- NKF booklet, Choosing a Treatment for Kidney Failure
- NIDDK booklet, What I need to know about Kidney Failure and How It’s Treated – includes comfort/palliative
- AAKP booklets, Kidney Beginnings – Understanding your HD options, Understanding your PD options, & Kidney Transplant General Information

Kit:
- AKF Kidney Health Educator course and kit 30 minute online training
  - Flipchart or PPT
  - Flyer
  - Fact sheets
  - CD
  - Wallet cards
  - Evaluation forms
  - Reorder form

Videos:
- Manufacturers
- LDO’s

Question 6
What grade level does the average US citizen read at?
1) 6
2) 8
3) 10
4) 12

Answer
2) Average US Citizen reads at the 8th grade level, but 20% read at 5th grade. 40% of seniors read below 5th grade level.
Creating materials – proceed with care

- Font 14
- Compelling clear language
- Adult perspective – don’t talk down
- Personalize – you instead of the patient
- Bullets instead of paragraphs
- Consistent terms – drugs or medications
- Positive – eat less red meat instead of don’t eat lots of red meat
- Avoid graphs and charts, keep simple
- Color – dark on light (no shading or pattern)
- 5th to 7th grade reading level
- San serif fonts
- Readability
- White space 40-50%
- Limit sentences to 10 – 15 words
- Consistent terms – drugs or medications
- Positive – eat less red meat instead of don’t eat lots of red meat
- Avoid graphs and charts, keep simple
- Color – dark on light (no shading or pattern)
- 5th to 7th grade reading level
- San serif fonts
- Readability
- White space 40-50%
- Limit sentences to 10 – 15 words
- Test your product
- Free resource NIH Medline Plus, How to Write Easy-to-Read Health Materials

Maintenance of CKD Patient Education Program

- Ongoing marketing necessary
- Referral source follow-up
- Attendee follow-up
- Literature Supply
- Staff training
- Record storage and disposal

References